

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>2-21-02</u>		2 Serial/Patent # <u>09/913684</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/>	Filing	1	<u>16 AUG 01</u>	\$	<u>85.00</u>
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ <u>85</u>		
		8 TO BE REFUNDED BY:			
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/>	Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		9			
No Fee Due (Explanation): <u>Kathleen A. Tyrell</u> <u>666 Main Street</u> <u>Melton New Jersey 08053</u>					
11 REFUND REQUESTED BY: <u>Natalie Miller</u>					
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>			
SIGNATURE: _____		PHONE: _____			
OFFICE: _____					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED: <u>Harvey Phillips</u>		DATE: <u>2-21-02</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance

Refund Branch

Crystal Park One, Room 802B

PATENT APPLICATION DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/913684

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19	minus 20 =	*
INDEPENDENT CLAIMS	1	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	Fee
BASIC FEE	345
X\$ 9=	
X40=	
+135=	
TOTAL	345

RATE	Fee
BASIC FEE	
X\$18=	
X80=	
+270=	
OR TOTAL	

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.